

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9030</u>	2 Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Michael</u> <u>H</u> <u>Goebel</u> P O Box, Bldg Room No If any _____ Street <u>300 S Grand</u> City <u>St Louis</u> State <u>Mo.</u> ZIP Code + 4 <u>63103</u>	4 Name file number and address of labor organization. Name <u>Teamsters L 688</u> Labor Organization File Number <u>025-471</u> P O Box, Building and Room Number If any _____ Street <u>300 S Grand</u> City <u>St Louis</u> State <u>Mo</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization. <u>sec-trea</u>	

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ 7 b. Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)

Signed Michael H Goebel

On 8-12-05
Date

314 658 5749
Telephone Number

Name of Person Filing <u>Michael H Goebel</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name: Teamsters I+M Fund
Trade Name if any _____
P O Box, Bldg Room No if any _____
Street 300 S Grand
City St Louis
State Mo ZIP Code + 4 63103

9 Business deals with

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
Trade Name if any _____
P O Box, Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11 a Nature of such dealing

Fund provides benefits for members of L688

11 b Approximate dollar value of such dealing

unknown

12 a Nature of interest held or income received

step-son worked as casual employee of Fund
received wages under CBA

12 b Amount

\$5853.60

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a. Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing <u>Michael H. Goebel</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name: Specter Wolfe LLC
attorneys at law
 Trade Name if any _____
 P O Box Bldg Room No if any Ste 101
 Street 206 W Argonne
 City Kirkwood
 State Mo ZIP Code + 4 63122

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
 Trade Name if any _____
 P O Box, Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11 a Nature of such dealing

provide legal services for Teamsters 688

11 b Approximate dollar value of such dealing

fee for service

12 a Nature of interest held or income received

Christmas g. A - box of steaks

12 b Amount.

47.68

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing <u>Michael H Goebel</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>American Income Life Ins. Co</u> Trade Name if any _____ P O Box Bldg Room No if any <u>PO Box 2608</u> Street _____ City <u>Waco</u> State <u>TX</u> ZIP Code + 4 <u>76797</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <u>Ins Co markets policies to union members and families - info on no-cost and other coverages mailed by the union to its membership This ins co. has no direct contact with any union members</u> </div> 11 b Approximate dollar value of such dealing <u>unknown</u> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <u>No-cost ADDD \$2000⁰⁰ to all members of Teamsters LGS</u> </div> 12 b Amount. <u>unknown</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a. Nature of payment <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> 14 b Amount of payment. _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>Michael H. Goebel</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Teamsters Negotiated Pension Plan
Trade Name if any _____
P O Box, Bldg Room No if any _____
Street 300 S. Grand
City St Louis
State Mo. ZIP Code + 4 63103

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
Trade Name if any _____
P O Box, Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11 a Nature of such dealing

Multi-Employer Pension Plan
That provides benefit to some
LGSS members

11 b Approximate dollar value of such dealing

unknown

12 a Nature of interest held or income received

Union trustee attending educational
seminar - reimburse airfare, hotel,
and expenses June 13-16, 2000

12 b Amount

\$1839.32

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment

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13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

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Name of Person Filing <u>Michael H. Goebel</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (Including trade name if any)</p> <p>Name: <u>GHP</u></p> <p>Trade Name if any: _____</p> <p>P O Box, Bldg Room No if any: <u>Ste 400</u></p> <p>Street: <u>111 Corporate Office Dr</u></p> <p>City: <u>Earth City</u></p> <p>State: <u>Mo</u> ZIP Code + 4: <u>63045</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name: <u>LHI</u></p> <p>Trade Name if any: _____</p> <p>P O Box, Bldg Room No if any: _____</p> <p>Street: <u>300 S Grand</u></p> <p>City: <u>St Louis</u></p> <p>State: <u>Mo</u> ZIP Code + 4: <u>63103</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>GHP is service provider to LHI LHI provides a medical plan to members of LGO (through collective bargaining)</p> </div> <p>11 b Approximate dollar value of such dealing: <u>approx \$1.2M</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Holiday GHP restaurant gift cert</p> </div> <p>12 b Amount: <u>\$75.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name: _____</p> <p>Trade Name if any: _____</p> <p>P O Box Bldg Room No if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px;"></div>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

Michael H. Gohl
Signature

Aug 13 2005
Date